## COMMONWEALTH OF VIRGINIA DECLARATION OF CANDIDACY

I,	AMPONE OR MANDEN MAN				
FIRST NAME	MIDDLE OR MAIDEN NAM	ME	LAST NAME		SUFFIX, IF ANY
ESIDENT ADDRESS	torum of	1_	مرمامي بامرامين		
of the city/county/town of in					
office of		ENTER CONGRESSIONAL	L, STATE SENATE OR HOUSE, C	OR LOCAL DISTRICT, IF APPLI	CABLE; OTHERWISE LEAVE BLAN
District in the electi	on to be held on		, 20	[CHECK ONE S	QUARE BELOW]
	☐ General				
☐ Democratic Primary		Republican Primary			
	n a primary and am defeated ling general election for the sa		y name is not to	o be printed or	n the ballots to b
Given under my hand this day of		, 20			
		SIGNATURE OF CANDIDA	TE		
		PRINTED NAME OF CANDIDATE			
		MAILING ADDRESS			
		CITY/TOWN		STATE	ZIP
		(AREA CODE) HOME TELE	PHONE	(AREA CODE) OFFIC	E TELEPHONE
	ION MUST BE ACKNOWLEDGED BEFORE A N TWO PERSONS REGISTERED AND QUALIFIE				
To be completed by	witnesses <b>OR</b> notary				
	,	County	City of		
	, whose	name is signed to	the foregoing	instrument, ha	ns acknowledged
PRINT NAME OF CANDIDATE	a thia alou af	0.	0		
	e this day of		0		
WITNESSED:					
1		2			
SIGNATURE OF QUALIFIED VC	ITER	SIGNAT	TURE OF QUALIFIED VOTER	₹	
PRINT FULL NAME		PRINT I	FULL NAME		
RESIDENT ADDRESS		RESIDE	ENT ADDRESS		
CITY/TOWN	ZIP	CITY/TO	OWN		ZIP
OR					
SIGNATURE OF NOTARY OR OT	HER OFFICER NOTARY ID NUMBER		ommission exp	oires	·

THIS DECLARATION OF CANDIDACY MUST BE FILED WITH PETITIONS CONTAINING THE REQUIRED NUMBER OF SIGNATURES OF REGISTERED VOTERS. TO OBTAIN ALL REQUIRED FORMS AND CANDIDATE INFORMATION BULLETIN WHICH DETAILS QUALIFICATIONS, NUMBER OF SIGNATURES REQUIRED, WHERE TO FILE AND FILING DEADLINES, CALL THE STATE BOARD OF ELECTIONS AT:

804-864-8901 OR OUTSIDE THE RICHMOND CALLING AREA, TOLL-FREE 800-552-9745.